



The Silicone Breast Implant Education Symposium

Manufacturing, Materials Science And Mechanical Properties

ASPS/PSEF – ASAPS

V. Leroy Young, MD







- Chemistry of silicones
- Biocompatibility
- Design
- Fillers and shells
- Production processes
- Testing and quality control
- Packaging and sterilization
- Labeling and tracking





- Silicon
- Silica
- Silicone







- Semi-metallic element
- Second most abundant substance in earth's crust (after oxygen)
 - Also a trace element in plants and animals
- Not found in nature in its elemental form but reduced from natural silicas (silicon oxides)







- Insoluble in water and chemically inert
- Very common mineral found naturally in crystalline and amorphous forms
- Sand and quartz are nearly pure crystalline forms of silica







- Amorphous silica has same basic atomic structure as crystalline form but lacks highly ordered geometry
- Used as desiccants, adsorbents, reinforcing agents, builders for detergents, binders, and catalyst components





- Large family of organic polymers with a repeating backbone of alternating Si and O atoms
 - Organic groups attach directly to the Si atom via silicon-carbon bonds
- Polydimethylsiloxane (PDMS) / methyl group

$$CH_3$$
 CH_3 CH_3 CH_3 CH_3 $Si - O - Si - O - Si - O - Si - O - CH_3$ CH_3 CH





- Chains of PDMS can be linked together to form a polymer network
 - Process called crosslinking or curing
- Chemical reaction occurs between an Si-vinyl group on one chain and a hydrogen atom bonded to Si on another chain
- Gel and elastomer are composed of the PDMS polymer, crosslinker, and catalyst





- Crosslinkers are shorter-chained polymers
- Catalyst used to cure gel & elastomer for gelfilled implants is typically platinum
 - very little catalyst is needed for curing
 - gel often contains <15 ppm platinum</p>
- Catalyst used to cure elastomer shell for salinefilled implants is often tin





Silicone Fluids / Oils

- Molecules are arranged in linear chains, with viscosity dependent on chain length
- Straight chains may range from <10 to many thousand Si-O units







- Molecules are crosslinked to branch into a semi-liquid 3-D polymer network
 - more branching produces thicker gels
- Network is swollen with PDMS fluid to produce a sticky, cohesive mass
- Silica is never added to gel





Elastomers (Rubbers)

- Long chain PDMS fluid is joined for side bonding
- Much more densely crosslinked than gel
- Special forms of amorphous silica are added and tightly bound into the polymer network
- Silica reinforcement gives elastomer its strength and extensibility



Comparative Polymer Viscosity Stiffer Plastic Surgery. In



Degree of polymerization	viscosity centistrokes	comparative viscosity
3	1.04	water
30	9.44	baby oil
269	100	olive oil
591	335.3	heavy motor oil
960	10,000	honey
1400	1,000,000	PDMS rubber
2600	10,000,000	hot asphalt

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Physical & Chemical Properties THE AMERICAN SCI.

- Thermal and oxidative stability
- Physical properties don't depend on temp
- High degree of chemical inertness
- Water repellant (hydrophobic)
- Good dielectric strength
- Low surface tension
- Ideal for many commercial applications







- Hydrophobicity
- Stability at all temperatures
- High permeability to gases
- Transparency
- High flexibility
- Low rigidity
- Low wettability







- Pure fumed amorphous silica is used as a reinforcing agent in elastomer medical implants
- Crystalline silica is used as a component of building materials, ceramics, concretes, and glasses
- Both types are used as fillers in cosmetics and foods





Silicone Uses In Medicine

- Fluids
 - Coatings for needles, sutures, syringes, and implanted devices
 - Instrument lubricants
- Gels
 - Fillers for breast and testicular implants
 - Gel sheeting
- Elastomers
 - Artificial joints and facial implants
 - Tubing, catheters, drains, and shunts





Biocompatibility

- Silicones are used in medicine because of their extreme biologic inertness
- Hydrophobic properties
 - Cells cannot attach themselves to silicones
 - Chemicals and enzymes cannot gain sufficient contact to affect material
- Medical grade silicone has been the standard for biocompatibility against which all other compounds are compared





Biocompatibility Testing

- Safety testing of gel and elastomer are first conducted in vitro and in experimental animals
- International organization for standards (ISO) and FDA specify extent and nature of testing needed to demonstrate safety of a device in contact with human tissues





Biocompatibility Testing

Cytotoxicity
Hemolysis
Immunogenicity
Intracutaneous
injection
Chronic toxicity

Sensitization
Pyrogenicity
Genotoxicity
Intramuscular
implantation





Materials Testing

- Oversight and regulations
 - American Society for Testing & Materials
 - International Organization for Standards
 - Food and Drug Administration
- ASTM test protocols performed by manufacturers on random batches of raw materials and/or finished products
 - sometimes performed on explants that have been retrieved





Relevant ASTM Protocols

F703: Standard specification for implantable breast prostheses

D412: Test method for vulcanized rubber

D1349: Temperature testing

F748: Biological test methods

F1251: Terminology for polymeric biomaterials

F604: Specifications for silicone elastomers

in medical applications



Mechanical Properties Tested



- Tensile strength
- Percent elongation
- Breaking force
- Abrasion resistance
- Patch-bond strength
- No reliable or clinically relevant test to predict device failure or material fatigue





Breast Implant Design

- Filler material
 - Silicone gel formulation
- Shell formulation
 - Shell is different for different fillers and for smooth vs. Textured surface
- Shell size and shape
 - Round vs. contoured
 - Low, medium, or high profile (base diameter)
 - Customized for reconstruction or deformities







- Saline
- Silicone gel
- Cohesive silicone gel
 - Formulation contains more crosslinks
 - Designed to minimize risk of gel extrusion and maintain shape if an implant ruptures





Shell Surface Options

- Smooth or textured
- Texturing process
 - Inamed applies salt crystals to the outer surface of the shell
 - after curing, the crystals are removed
 - Mentor uses a reverse laminate
- Titanium coating available in Europe





Design Specifications

- Each product has specifications that are specific to the product
 - The criteria by which a device design is developed, controlled, and evaluated
- Documented physical, chemical, and performance characteristics of a design
- Allowable variations for each characteristic





Breast Implant Design

- Raw materials formulations (for gels and shells) are developed according to implant specifications
- An outside source supplies the raw materials to the implant manufacturer
- Materials are then inspected for purity and manufacturing consistency





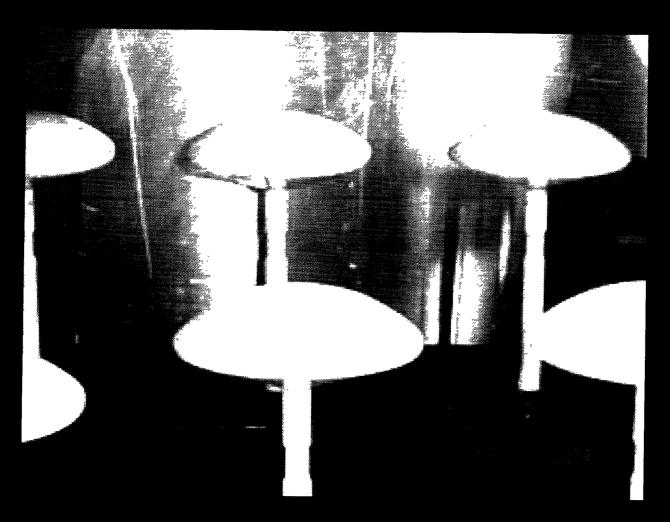
Breast Implant Design

- For each style, mandrels are produced for every possible volume
 - May range from ~50 cc to ~800 cc
- Mandrels are solid forms manufactured from either stainless steel or plastic
- The mandrel handle represents the location of the sealing patch
 - For saline implants with an anterior valve and posterior patch, two openings are needed



Breast Implant Mandrels





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- Different elastomer dispersions are used for different types of implants
- Room temperature vulcanization (RTV) dispersion is typically used for shells filled with saline
- High temperature vulcanization (HTV) dispersion is typically used for silicone gel-filled shells



- Elastomer dispersion consists of linear silicone polymer (liquid), crosslinker, amorphous silica, and catalyst evenly distributed in a solvent (xylene)
- Manufacturing process involves:
 - 1) evaporation of the solvent
 - 2) curing: crosslinking reactions between the linear polymer and the crosslinker





Silicone Gel Formulation

- Supplied by outside source in 2 parts:
 - 1) Catalyst
 - 2) Crosslinker
- Two parts are mixed
- The vulcanization (curing) process begins and is completed inside the finished shell





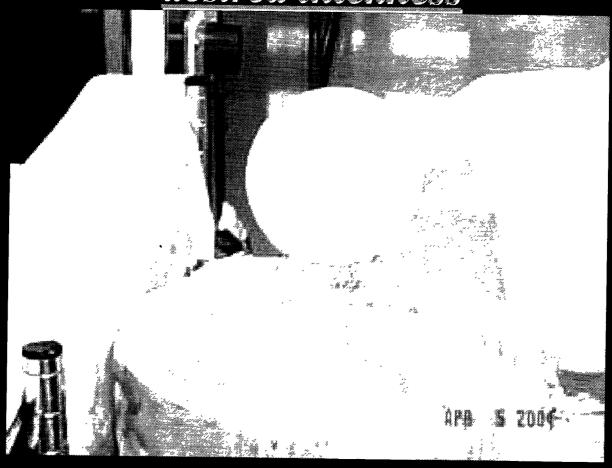
Basic Production Process

- Very labor-intensive
- The mandrel is dipped by hand into the elastomer dispersion and removed
- Only a thin layer of silicone remains after the solvent evaporates and curing begins
- Mandrel is re-dipped and removed until the shell reaches desired thickness





Mandrel re-dipping and curing by heat/humidity continue until shell reaches desired thickness







Barrier Layer

- Current silicone gel implants contain a barrier layer designed to reduce the diffusion of gel through the shell
- Contains groups of large organic compounds that physically block smaller, unlinked molecules from passing through
- Proprietary barrier layer formulation is added between layers of elastomer
 - Fluorosilicone or diphenyl layer





When the shells are finished, they are subjected to a final cure cycle in an oven



The shell then is peeled from the mandrel





Assembly - Sealing

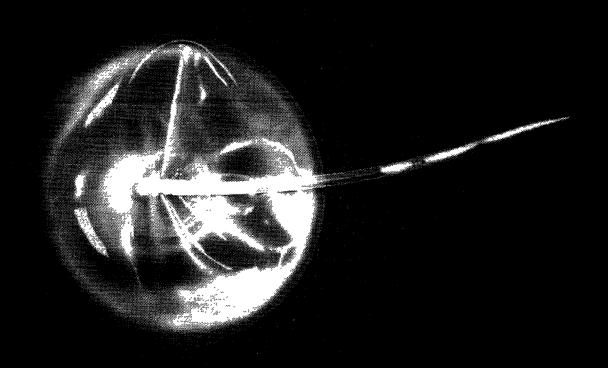
Inflatable implant

- Posterior sealing patch and fill valve are bonded to shell via vulcanization
 - Sealing patch and valve may be separate or incorporated as a single unit
- Inflatable implants tend to have thicker shells for added strength





A valve is incorporated into devices designed to be filled with saline







Posterior sealing patch and unsealed shell

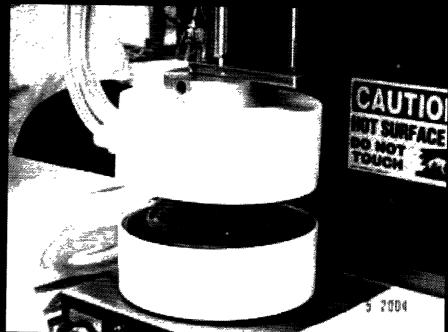








Bonding of the sealing patch to the shell through vulcanization



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Assembly - Sealing & Filling

Silicone Gel Implant

- Gel is injected through a tiny needle hole in the patch
 - curing process continues inside the shell
- Fill hole is sealed with RTV silicone adhesive
- Filled implant is placed in a vacuum to remove air bubbles from the gel



Testing And Quality Control



- FDA mandates that all medical device manufacturers have a system of clearly-defined quality controls
- Manufacturing process is validated to produce consistent quality
- Each completed implant is inspected according to quality specifications
- Each must meet all standards



Quality Control Checks Are



Performed Throughout Production



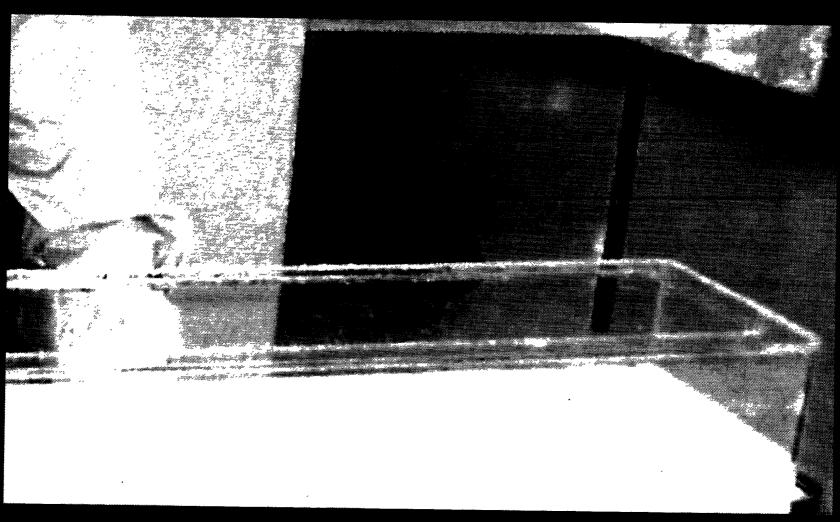
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Implant Leak Test:



One Of Many Post-production Tests





Packaging and Sterilization



Each implant is cleaned and double primary packaged (thermoform-within-thermoform)

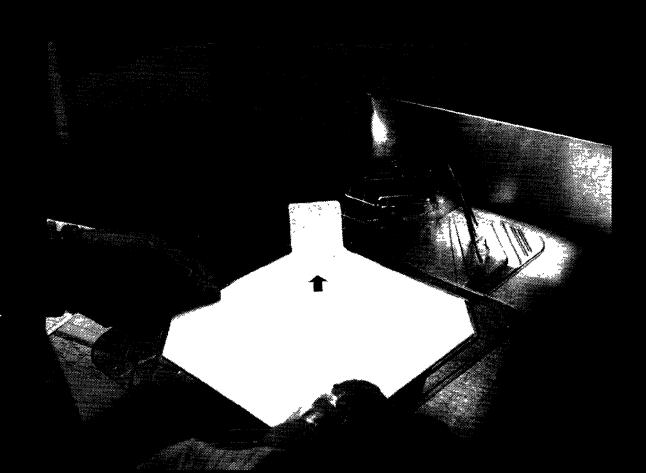


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EXERCISED AND DUCKAGE Seals are checked for integrity Abstitic Plastic Surgery. In

Sealed packages are sterilized by dry heat (high temperatures over time)



Courtesy Mentor Corp.





Labeling And Tracking

- After sterilization, products are quarantined and certified for quality
- Labels for patients and package inserts are placed in secondary packaging boxes and labeled
- Implants are released to product inventory
- Implants are tracked through labels returned by patients and surgeons